

Bureau of Health Care Quality & Compliance

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>NVN404AGC</b>             | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>12/11/2008</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>THE GUARDIAN MANOR CARE</b> |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2722 HARDING WAY</b><br><b>RENO, NV 89503</b> |  |  |
| (X4) ID<br>PREFIX<br>TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE   |
| Y 000  | <p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of a complaint investigation conducted in your facility on 11/13/08 and completed on 12/11/08. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was five. Two resident files were reviewed</p> <p>Complaint #NV00019885 was substantiated with deficiencies. See Tag Y860. Other regulatory deficiencies were also identified during the investigation.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> | Y 000   |  |  |
| Y 860<br>SS=G  | <p>449.274(6)(a) Medical Care</p> <p>NAC 449.274</p> <p>6. The members of the staff of the facility shall:</p> <p>(a) Ensure that the resident receives the personal care that he requires.</p> <p>This Regulation is not met as evidenced by:</p>   | Y 860   |  |  |

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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| Y 860  | <p>Continued From page 1</p> <p>Based on record review and interviews from 11/13/08 to 12/11/08, the facility did not ensure 1 of 5 residents received the personal care she required.</p> <p>Findings include:</p> <p>Record review revealed a copy of a 11/2/07 physical examination which included a statement about Resident #1 written by her physician noting the resident was at risk for falls because of weak legs. The physical examination indicated the resident weighed 137 pounds.</p> <p>A complaint was received by the Bureau concerning Resident #1 falling at least six times at the facility. The complainant reported that on one occasion, the resident fell and hit a glass closet sliding door next to the bed, breaking the glass. During interviews with Employee #1 and the resident's roommate on 11/13/08, they both confirmed this had occurred.</p> <p>Resident #1 admitted she had fallen in her room "several times" and was unable to get up from the floor on her own. The resident reported that Employee #1 was unable to help her up from the floor without calling for help. The resident stated she had to lay on the floor until the owner's husband or brother came to the facility to help her up. The employee confirmed she was unable to lift the resident on her own and that she worked alone at the facility. The employee reported she had to call someone to come to the house to assist in lifting the resident whenever the resident fell. The resident's roommate stated she observed the resident having to lay on the floor for 15 to 30 minutes after her falls before "the men" arrived at the facility to help the resident up.</p> | Y 860   |  |                          |  |

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| Y 860  | <p>Continued From page 2</p> <p>An interview with Resident #1 revealed she spent most of her day sitting in a recliner in her room because she needed help out of the recliner to her walker. She revealed she felt sad about not being able to walk around the home more often and having to be in her recliner all day. The resident's roommate stated the caregiver assisted the resident to the dining room for meals, but otherwise the resident sat in her room the rest of the day.</p> <p>The complainant reported the resident did not wear briefs before moving into the facility because the resident was being prompted to walk to the bathroom. The complainant was concerned about the resident sitting all day in an incontinence brief and not being taken to the bathroom on a regular basis. The complainant stated she started visiting the resident daily because the incontinence briefs smelled strongly of urine and were soaked with urine. The complainant said the resident developed a bluish-gray area on the buttocks, which turned into a bright red spot a week later. The complainant applied A &amp; D cream daily for two weeks until the spot disappeared.</p> <p>Employee #1 said she asked the resident's family member to have the resident's physician order briefs, because the resident was unable to get up from the chair or the bed by herself to use the bathroom. The employee reported she had difficulties herself getting the resident up from the recliner. The employee stated, "I do not have time to focus on one resident." When asked about sores, the employee reported that the resident had a red spot on her bottom and cream was put on it until it was gone.</p> <p>Severity: 3 Scope: 1</p> | Y 860   |  |                          |  |

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| Y 878<br>SS=F  | <p>449.2742(6)(a)(1) Medication / Change order</p> <p>NAC 449.2742</p> <p>6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident:</p> <p>(a) The caregiver responsible for assisting in the administration of the medication shall:</p> <p>(1) Comply with the order.</p> <p>This Regulation is not met as evidenced by:<br/>Based on record review and interview on 11/13/08, the facility did not ensure medications were given as prescribed to 1 of 2 residents (Resident #2).</p> <p>This was a repeat deficiency from the 8/18/08 annual State Licensure survey.</p> <p>Severity: 2 Scope: 3</p> | Y 878   |  |                          |  |
| Y 885<br>SS=C  | <p>449.2742(9) Medication / Destruction</p> <p>NAC 449.2742</p> <p>9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a</p>   | Y 885   |  |                          |  |

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| Y 885  | Continued From page 4<br><br>witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Flushing contents of vials, bottles or other containers into a toilet shall be deemed to be an acceptable method of destruction of medication.<br><br>This Regulation is not met as evidenced by:<br>Based on observation and interview on 12/11/08, the facility did not destroy medications after 1 of 2 residents had been transferred (Resident #1).<br><br>Severity: 1 Scope: 3   | Y 885   |  |                          |  |
| Y 896<br>SS=C  | 449.2744(1)(b)(2) Medication / MAR<br><br>NAC 449.2744<br>1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain:<br>(b) A record of the medication administered to each resident. The record must include:<br>(2) The date and time that the medication was administered.<br><br>This Regulation is not met as evidenced by:<br>Based on record review on 11/13/08 and 12/11/08, the facility failed to ensure the medication administration record (MAR) included the date and time that the medication was administered for 2 of 2 residents (Resident #1 | Y 896   |  |                          |  |

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| YA853  | Continued From page 6<br><br>Severity: 1 Scope: 3  | YA853   |  |                          |  |

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